BUDGET SUMMARY - DSS FUNDS AND MATCH FUNDS   Attachment B, page 1

CONTRACT PERIOD: FROM_____/_____/_____ TO _____/_____/_____ CONTRACTOR NAME:_____

BUDGET CATEGORY	JUSTIFICATION (How costs were determined)	TOTAL DSS REQUEST	TOTAL MATCH AMOUNT
SALARIES			
EMP. BENEFITS			
POSTAGE			
RENT & UTILITIES			
EQUIPMENT			
PRINTING			
CONSUMABLE SUPPLIES			
TRAVEL			
OTHER			
TOTAL REQUESTED FROM DSS			

.

	AMOUNT	PERCENT OF BUDGET
TOTAL REQUESTED FROM DSS		
SUPPLIED FROM MATCH		
TOTAL PROJECT BUDGET		100%

ITEMIZED BUDGET - SALARIES AND EMPLOYEE BENEFITS   Attachment B, page 2

FROM _____/_____/_____ TO _____/_____/_____   CONTRACTOR NAME: _____

SALARIES STAFF POSITION	HOURS PER WEEK	% OF TIME ON PROJECT	ANNUAL SALARY	AOUNT REQUESTED FROM DSS
1.				
2.				
3.				
4.				
5.				
6.				
TOTAL SALARIES REQUESTED FROM DSS	----------------	-----------------	-------------	

EMPLOYEE BENEFITS

NAME OF BENEFIT	STAFF POSITION (# ABOVE)	% OR RATE	ANNUAL COST	AMOUNT REQUESTED FROM DSS
FICA				
PENSION/RETIREMENT				
HEALTH INSURANCE				
WORKER'S COMPENSATION				
UNEMPLOYMENT				
OTHER (SPECIFY)				
TOTAL EMPLOYEE BENEFITS REQUESTED FROM DSS	-------------	----------	------------	

ITEMIZED BUDGET - OTHER PROPOSED EXPENSES

CONTRACT PERIOD: FROM _____/_____/_____ TO _____/_____/_____ CONTRACTORNAME_____

LINE ITEM	JUSTIFICATION (How costs were determined)	PROPOSED DSS FUNDS
POSTAGE TOTAL		
Administrative		
Program		
RENT AND UTILITIES TOTAL		
Rent		
Utilities		
Telephone		
EQUIPMENT TOTAL		
Equipment Purchase		
Equipment Rental		
PRINTING TOTAL		
Administrative		
Program		
CONSUMABLE SUPPLIES TOTAL		
Office		
Program		

ITEMIZED BUDGET - OTHER PROPOSED EXPENSES

CONTRACT PERIOD: FROM _____/_____/_____ TO _____/_____/_____ CONTRACTOR NAME:_____

LINE ITEM	JUSTIFICATION (How costs were determined)	PROPOSED DSS FUNDS
TRAVEL TOTAL		
Administrative		
Program		
OTHER TOTAL		
Insurance		
Professional Fees		
Client Fund		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		

TOTAL AMOUNT REQUESTED FROM DSS: $_____

ITEMIZED BUDGET - MATCH DOCUMENTATION

CONTRACT PERIOD: FROM ___/___/___ to ___/___/___   CONTRACTOR NAME: _____

BUDGET CATEGORY	BRIEF DESCRIPTION	SOURCE	CASH	IN-KIND VALUE	TOTAL MATCH
Salaries					
Employee Benefits					
Postage					
Rent and Utilities					
Equipment					
Printing					
Consumable Supplies					
Travel					
Other (Specify)					
Total Amounts Supplied by Match					